



AZ Medicaid Outpatient Workgroup Meeting

April 6, 2005

2:00 – 3:00 p.m.

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre/Sara Harper

Attendees:

(Based on sign-in sheets)

ADHS

Jerri Gray

AHCCCS

Sue Carter (EP &P)

Brent Ratterree

Cia Fruitman

Dora Lambert

John Murray

Lori Petre (EP &P)

Mark Renkel

Mike Upchurch

Nancy Upchurch

Kyra Westlake

Stacy Westerholm

Cynthia Barker

Christi Coppedge

Keith Kent

Sabrina Ott

APIPA

*Greg Barnes
(teleconference)*

Sharon Zamora

*Alexia Cathers
(teleconference)*

Care1st

Anna Castaneda

Ann Weeks

*Marlene Peek
(teleconference)
Michael Boisseau*

Cochise

*Barb Jones
(teleconference)*

*Evelyn Valdez
(teleconference)*

*Marcia Goerdt
(teleconference)*

*Susan Speicher
(teleconference)*

DES

Pat Fizer

Marcella Gonzalez

Brian Heise

Dimiter Penin

Evercare

Steven Iles

Jack Holstrom

Scott Mack

David Eder

HealthChoiceAZ

Jessica Lennick

HealthChoiceAZ (cont.)

Lorie Owens

Mary Boyd

Jaime Perikly

MCP/Schaller

Colleen Gurule

Cathy Jackson-Smith

Melanee Jones

MMCS

Linda Adams

PHS

*Gregory Lucas
(teleconference)*

*Michell Foster
teleconference)*

*Pat Lapp
(teleconference)*

*Don Lopez
(teleconference)*

University Family Care

*Kathy Steiner
(teleconference)*

Jean Warner

*Kim Bolton
(teleconference)*

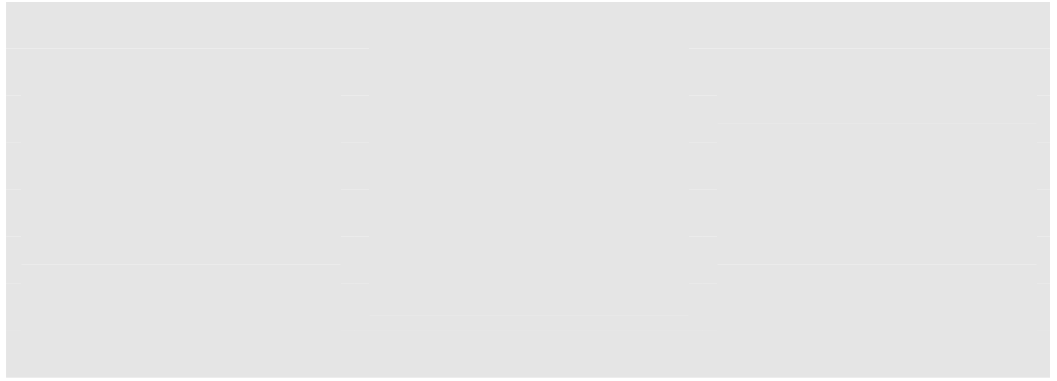
Yavapai

*Jean Willis
(teleconference)*

*Becky Ducharme
(teleconference)*

*Dave Soderberg
(teleconference)*

Colleen Gurule



1. Welcome (Lori Petre)

We'll go ahead and get started. I hope everyone on the phone got the material emailed to them.

In your packet you will find the minutes to the last meeting. As always, please let us know of any corrections or clarifications you feel need to be made. This is the official record, and we want it to be accurate.

Behind the minutes is the calendar for the project. If you turn to April, you will see that status reports were due again last Friday. If you are one of the very few who have not sent your status in, please do so. These are very important as we provide some internal reporting that is tied directly to these. We also have internal meetings to discuss the project status the week following these submissions. Out of these meetings may come follow up questions for you.

2. Control Group Testing Status (Lori Petre)

Internal Control Group Testing began last week. We have identified and are working on some problems, but hope to have our internal testing all wrapped up before you start. Health Plan Control Group Testing will begin on April 18th, but if you are prepared to share any test results prior to then, we are prepared to take them. In the next set of individual Health Plan status meetings one of the items that we will want to discuss is how well your processing of these scenarios is going, and if necessary begin to discuss arrangements for contingencies.

When I distribute the Control Group scenarios, I will also send you an overview to remind you of their intent and what we expect you to do with them. Keep in mind; this is a topic in our second round of individual status meetings that we will be holding with each of you.

3. Update on Hospital Efforts/Pilot Testing (Lori Petre)

Overall we feel the Pilot testing has been going well. We ran an approximately 3-month extract of claims for our 12 Pilot Test Hospitals. This testing has allowed us to identify and remedying a lot of situations. We will continue to test with the Hospitals, but will be opening up for others who may be interested. Pilot testing has been officially been extended through next Friday, April 15, 2005.

The extension is primarily to allow the development team to resolve the problems that have been found. One area identified was related to the paper remittances, on our paper remits were not giving the hospitals enough detail. They have certain expectations, and need to see how you are paying per line, and the paper remits were not detailed at the line level. We are revising the code to provide more detail in the paper remits, so that they more closely resemble the 835 files. Please be sure to review your remits also.

HP – Concerning the Remittance advices, what are the hospitals hoping to see?

Lori Petre – The hospitals need to see sufficient level of detail to show what you paid per line, or whether you bundled payments. They need to understand the composition of the payments. I want to reiterate that this is not an issue for the 835.

4. Documentation Status (Lori Petre)

We are in the final stages of revisions to the AHCCCS FFS Provider Manual in relation to this project. We changed the UB billing and Hospitals chapters, and will revise the Remittance Advice chapter in accordance with the coding changes being put in place now. At an executive meeting held earlier this week, Tom Betlach indicated we would release the draft to the hospitals at the same time that we release it to you. In the interest of expediency, we will give a short time for all the Hospitals and Health Plans to respond with comments once this distribution occurs. We anticipate it going out in the next couple of weeks. Although you will receive three chapters to review and comment on, this doesn't mean we expect your manuals to be exactly like ours.

We are also planning on issuing a short Highlights document to the hospitals. I've just begun drafting it, but hope to have it done shortly.

5. Review of Action Items, Open Issues (Lori Petre)

Lori Petre - Cia, I understand you are still looking at the unit values?

Cia Fruitman – Yes, this is expected to remain open for a while. We need to wait until actual claims come through the new system so we can determine what actually requires changing. We expect to change labs. But there will be monthly updates until further notice. We are also adding a new table, RF730.

HP – Will you be evaluating encounters, as well?

Cia Fruitman – Yes.

Brent Ratterree – We will be changing certain edits from soft to hard, in order to evaluate the unit values properly.

Cia Fruitman – Yes. And we will be evaluating the real data as it comes through to determine what changes are necessary. We haven't been forcing the units at line level, and now we will be doing so in order to see what you are billing.

Lori Petre – There were some questions concerning what Encounters will require.

Brent Ratterree – There have been a number of communications going out discussing the expectations of Encounter data. Keep in mind, you need to report your encounters how you received the claim, and give details on how you processed it. If you use that as your Golden Rule you won't go wrong. Also, the Encounter Manual is undergoing changes in order to comply with HIPAA standards as well as to include the OP draft form. We will publish it as soon as possible.

HP – How do we report our processing of the encounters?

Brent Ratterree – Please consult your implementation guides for the 837 files, they provide examples.

HP – Will your system read the encounter dates of service to determine if it was submitted by the old methodology or the new?

Brent Ratterree – We are set up to do that.

HP – Will we have to separate the DOS into different encounters to cover the span over 7/1/05?

Brent Ratterree – Yes, a lot of the edits are set up to become effective on 7/1.

Lori Petre – Mike, can you give us an update on 999 lines.

Mike Upchurch – We will not make go-live with 999 lines capability for Outpatient pricing. However, we are looking at several potential solutions. We have a meeting this week to discuss it.

6. Change Tracking Review and Discussion (Lori Petre)

We have continued the new Change Tracking process we discussed in the last meeting. This process results in our summarizing the changes for you, rather than subjecting you to the entire technical document every time we need to make a change. In this month's Change Tracking Document, I added to the list from last month, to provide contiguity, but highlighted the new items.

There are two new change requests, and a third (regarding the remittance advice as discussed earlier) was just handed to OP development prior to this meeting.

The first change request: Outpatient Lesser of logic. We will pay the fee schedule regardless of billed charges. This was determined to be correct by the Legal Department. This also consistent with our current methodology, and was used when they put the rates together.

HP – Does this include Maternity and Nursery?

Lori Petre – Those are considered Admit/Transfers, Admit/Discharge scenarios, please refer to the documentation specific to those.

The second change request: There was a clarification from Medicare in the 2005 rates, regarding services they are excepting from surgery bundling. Therefore, if one of these codes is billed on a line of a claim with a surgery bundle that line, regardless of the revenue code used, will not bundle. An example of this is incorporated into the overview in this packet. We don't know yet the extent of the list of procedures, but will share this list with you as soon as we receive it.

To support this as outlined, we are adding a new reference table with the list of HCPCS that are exceptions.

HP – This is only surgery?

Lori Petre – Correct; this is not an exception for ER bundles.

Mike Upchurch will share the specifics of these changes with us as soon as he has them.

We're hoping there are no other significant changes for 7/1, but the hospitals were all pretty adamant that this be addressed before 7/1/05.

7. Update on MCO Status Report and Individual Status Meetings (Lori Petre)

We touched on this earlier. We are beginning to schedule the second round of Individual status meetings. You should be receiving your pre-agendas shortly.

8. Other (Lori Petre)

There are copies of several corrected documents in your package including an update to the Reference table's matrix, some corrections to the examples, etc...

We are continuing to evaluate the Reference tables and will share with you updates as they are made. For example, when we set up the Surgery bundles originally we set up the entire code range for surgery. There are certain codes that now need to be removed. In your packet you will find the table as it exists now. We are working on identifying all of the non-surgical codes, after which a new extract will be provided. If you should identify other codes, please ask us.

HP – The examples appear weak regarding Observation time. We are concerned about inpatient claims we've authorized that are really outpatient claims, 24-hour observations, for example. Will there be a review of these situations? We've noticed an alarming shift in the chargeable hours coming in for patients under surgery codes but held in observation. We feel this may be a costing issue.

Lori Petre – This issue appears to be on Karen's list.

HP – In the 'final' version of the System Proposal, the tables update section lists only two new fields, but on previous versions there were several 'new fields.' Does this mean AHCCCS has abandoned collecting detailed data concerning line level payment?

ACTION ITEM – Check versions between old and new table.

Cia Fruitman – Originally it appeared that we would need to pull through more information from Mercator, however it was determine that most of the data elements if present were being captured.

HP – Which loop will contain the line level dates of service on the 837?

Brent Ratterree – the 2400 loop.

HP – We sent an email concerning a problem we're having with PR050. In your sort, you list Alpha before numeric. We've never seen that before.

John Murray – This is not a change to the table structure.

Lori Petre – This is just how the values were entered. What you need is alpha to alpha and numeric to numeric. For our processes, alpha is recognized before numeric, but if you need it sorted differently, that's fine. Our reference files store everything that way. We just need to make sure that's the communicated standard.

Cia Fruitman – PR050 lists many providers, not only hospitals. Provider type is not on the table. If you're using those tables to get tier rates, it will be the same structure.

HP – Will AHCCCS be using Medicare payment status indicators?

Lori Petre – Not for Phase I. We will at a future date, but no sooner than 1/1/2006. You'll receive plenty of advance notice.

HP – What if we pay under contract?

Lori Petre – Follow submission requirements for this type of Encounter scenario.

Lori Petre – Your contract will always supercede this; this is the default.

HP – If there is a contract in place, do we still run it as bundled?

Lori Petre – That depends completely upon how your contract is structured. You pay in accordance to your contract.

9. Next Meeting (Lori Petre)

The next meeting will be held on May 3, 2005, from 2 – 3 p.m.